



Account Agreement SW97847

Date: 03/18/15

**Institution Name & Address**

City National Bank  
St Albans  
560 4th St  
St Albans, WV 25177  
(304) 722-7560

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

**Owner/Signer Information 1**

Name	NEDELTCO V VLADIMIROV
Relationship	
Address	1228 STRAWBERRY RD ST ALBANS WV 25177
Mailing Address (if different)	
Home Phone	(304) 382-1266
Work Phone	
Mobile Phone	
E-Mail	nedined@hotmail.com
Birth Date	68
SSN/TIN	
Gov't issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	DRIVERS LICENSE DL WV-10/26/11-18
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

**Owner/Signer Information 2**

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Internal Use RETAIL SAVINGS 9110074623

**Account Title & Address**

NEDELTCO V VLADIMIROV  
1228 STRAWBERRY RD  
APT 1  
ST ALBANS WV 25177

**Ownership of Account**

The specified ownership will remain the same for all accounts.

- ☒ Individual ☐ Corporation - For Profit  
☐ Joint with Survivorship (not as tenants in common) ☐ Corporation - Nonprofit  
☐ Joint with No Survivorship (as tenants in common) ☐ Partnership  
☐ Sole Proprietorship  
☐ Limited Liability Company  
☐ Trust-Separate Agreement Dated: \_\_\_\_\_

**Beneficiary Designation**

(Check appropriate ownership above.)

- ☐ Revocable Trust ☐ Pay-On-Death (POD)  
☐

**Beneficiary Name(s), Address(es), and SSN(s)**

(Check appropriate beneficiary designation above.)

☐ If checked, this is a temporary account agreement.


Number of signatures required for withdrawal: 1

**Signature(s)**

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- ☒ Terms and Conditions ☒ Privacy  
☒ Electronic Fund Transfers ☒ Truth in Savings  
☐ Substitute Checks ☒ Funds Availability  
☒ Common Features ☐

☐ Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

1 [X]  03/18/2015 ]  
NEDELTCO V VLADIMIROV  
2 [X ]  
3 [X ] 4 [X ]



Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

If not a "U.S. Person," certify foreign status separately.)  
TIN: [REDACTED]

☒ **Taxpayer I.D. Number (TIN)** - The number shown above is my correct taxpayer identification number.

☒ **Backup Withholding** - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☒ **Exempt Recipients** - I am an exempt recipient under the Internal Revenue Service Regulations.

I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

03/18/2015

X *[Signature]* (Date)

Name	
EIN	
Phone	
Mobile Phone	
E-Mail	
Type of Entity	
State/Country & Date of Organization	
Nature of Business	
Address	
Mailing Address (if different)	
Authorization/Resolution Date	
Previous Financial Inst.	

Savings	9110074623	11,492.16 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> _____
		1 <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____
		2 <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____

☐ ATM      ☐ Debit/Check Cards (No. Requested: \_\_\_\_\_)

## This image shows a single sheet of white paper with faint, horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.